



THE SUNRISE CITY  
**FORT PIERCE**  
 CODE ENFORCEMENT  
*Florida*

REQUEST FOR A REDUCTION OR RESCINDMENT OF  
 LOT CLEARING OR DEMOLITION LIEN

Date:	APRIL 12, 2017		
Property address:	515 N 12TH ST FORT PIERCE FL 34950		
Owner(s) of record:	WILSON		
Mailing address:			
Property tax ID #:	2409-501-0062-000-1		
Original purchase date:	Original purchase price:		
Property is used for:	<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant Lot
Name of person requesting reduction:	PARMANAND PERSAUD	Relationship to owner(s)	NONE
Telephone #:	647-693-1056	Mobile phone #:	647-339-8031
E-mail:	persaud1967@yahoo.com	Preferred contact method:	PHONE 647-339-8031
What are owner(s) intentions for property:			
Are there current code violations?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: (please attached notice)
Is property listed for sale?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, what is listing price?
Is property under contract for sale?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the sale price?

City incurred charges (lot clearing, demolition, etc)	\$ 710.53
Administrative fees	\$ 1.09
Interest	\$ 1320.60
Penalties	\$ 264.12
<b>TOTAL AMOUNT DUE TO CITY</b>	<b>\$ 2296.34</b>
DOLLAR AMOUNT REQUESTING TO BE WAIVED	\$ 1584.72
DOLLAR AMOUNT I AGREE TO PAY	\$ 711.62

Parmanand Persaud  
 PRESENT OWNER  
 Signature of Owner or Representative

APRIL 12, 2017  
 Date



### REQUEST FOR REDUCTION OF PENALTY

By completing this form, you are making statements under oath. Failure to be truthful is a violation of Fort Pierce City Code and Florida Statutes pertaining to perjury, which is a felony punishable by up to fifteen (15) years imprisonment.

#### INSTRUCTIONS:

1. Please fill in blanks completely.
2. Be specific when writing your statement. Use additional pages if necessary.
3. If you are claiming medical or financial hardship, attach supporting documentation (i.e. doctor's statement or proof of income).
4. Complete the appropriate application for lien reduction / rescindment.
5. For lot clearing or demolition liens, contact Kathy D'Arton in the Finance Department (772-467-3076) for cost / fees breakdown.
6. For code enforcement liens (those imposed by a Special Magistrate or Code Enforcement Board), contact Colleen Greer (772-467-3149) for cost / fees breakdown.
7. If you do not have access to a Notary Public, one will be provided to you by the Department at no charge. All forms must be signed in the presence of the Notary to be valid.
8. Return this form, the application and any other pertinent documentation to the Code Enforcement Department.
9. Requests for Reduction / Rescindment of code enforcement liens are governed by Rule 17 of the City's Rules & Regulation for Code Enforcement Board and Special Magistrate.

Property Address: 515 N 12<sup>TH</sup> ST, FORT PIERCE FL 34950

Property Owner: PARMANAND PERSAUD

Mailing Address: 11 GLEBE CRESCENT BRAMPTON ONTARIO L6S1E9

Telephone #: 647-693-1056 Cell Phone #: 647-339-8031

E-Mail Address: persaud1967@yahoo.ca

Is the property in compliance? yes If no, please explain in the narrative of your request.

I, Parmanand Persaud, do hereby submit this Petition in request for a reduction in the total amount of the penalty imposed and in support offer the following statement:

Please note that the lien in question had existed before I purchased the property in subject (515 N 12<sup>th</sup> St) in April 2014.

It was brought to my attention that all liens would have been taken care of by "JC Morgan Chase Bank" before the title was transferred to me. However, on the 10<sup>th</sup> of April 2017, my realtor agent informed me that there is an old lien of a different building which was existing on my property before the time of my ownership. I contacted my title insurance holder and they confirmed this lien is the responsibility of the previous owners.

I therefore plea to your department that this matter be resolved at no cost to me. However, to bring matters to a close, I am willing to compensate your department the amount of ~~\$350.00~~ or what you see reasonable.

*PP*  
711.62

Signed: Parmanand Persaud

Date: April 03, 2017

Print Name: PARMANAND PERSAUD

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority PARMANAND PERSAUD who acknowledged before me that the information contained herein is true and correct. He ~~or She is~~ / is not personally known to me and has produced ONTARIO DRIVER'S LICENCE as identification.

SWORN TO AND SUBSCRIBED before me this 13<sup>th</sup> day of APRIL, 2017.

Bally Hundal  
Notary Public, ~~State of Florida~~ Ontario, Canada

**BALLY HUNDAL**  
BARRISTER SOLICITOR & NOTARY PUBLIC  
104-490 BRAMALEA ROAD  
BRAMPTON, ON L6T 2H2  
CANADA  
905-451-9100



**OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION**

Property Address: 515 N 12<sup>th</sup> ST FORT PIERCE FL 34950

I acknowledge that I have been provided a copy of Rule 17 of the Rules of Procedure for the City of Fort Pierce Code Enforcement Board and Special Magistrates and that I have read the rules and being advised as such make the following request:

I am requesting that my application for lien reduction be processed administratively through the Rules of Procedure Sec. 17(h), I understand the requirements to be met and that I waive my right to a hearing before either the Special Magistrate or Code Enforcement Board.

I am requesting that my application for lien reduction be considered and a determination made by the City Commission of the City of Fort Pierce.

*Parmanand Persaud*  
Signature of Owner or Representative

Date April 12, 2017

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**COFP – APPLICATION PROCESS DETERMINATION**

Staff has reviewed the request for lien reduction and agrees to process the application as requested by the signing party.

Staff has reviewed the request for lien reduction and does not agree to process the application as requested by the signing party. The matter will be placed before the City Commission for final determination.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City Representative

\_\_\_\_\_  
Date